# F00000004576

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DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS

(2512/17/07) William

### **COVER LETTER**

Division of Corporations
SUBJECT: PSC Safety and Health Services, Inc.
(Name of Corporation)
DOCUMENT NUMBER: F06000004576
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Charles M. Finn, Esq.
(Name of Person)
Kramer Rayson LLP
(Firm/Company)
P. O. Box 629
(Address)
Knoxville, TN 37901-0629
(City/State and Zip code)
For further information concerning this matter, please call:
Charles M. Finn, Esq. at ( 865 ) 525-5134
(Name of Person) (Area Code & Daytime Telephone Number)

## MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

#### **STREET ADDRESS:**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

PSC Safety and Health Services, Inc.	
(Name of Corporation	n)
F06000004576	
(Document Number of Corporation	on (if known)
Tennessee	
(Incorporated Under Lav	vs of)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting	
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of procetime it was authorized to transact business or conduct affairs in F	ess based on a cause of action arising during the
The following is a current mailing address for the corporation:	
908 Glensprings Drive	
(Mailing Address)	
Knoxville, TN 37922	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fi	uture of any change in its mailing address.
flell little	November 26, 2007
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Michael D. Palmer	President
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35